## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**



**FILED** Apr 13, 2005 8:00 am Secretary of State

DOCUMENT # P0300096677  1. Entity Name STEVE STEWART'S LAWN SERVICE INC.					04-13-2005 90045 019 ***150.00				
Principal Place of Business 3341 GERHARDT STREET SARASOTA, FL 34237		Mailing Address 3341 GERHARDT STREET SARASOTA, FL 34237		-	4005410F				
2. Principal Place of Business		3. Mailing Address				<b>iiii iiii ar</b> iii <b>ar</b> iii <b>ar</b> iii		444   444	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01102005	Chg-P	CR2E034 (10	<u>,</u>	
City & State		City & State			4. FEI Number 90-0108			Applied For Not Applicable	
Zip	Country	Zip	Country			f Status Desired 、	Fee Re		
	6. Name and Address of Current	Registered Agent	Name		7. Name and A	ddress of New H	egistored Agent	<u>- 11 11 11 11 11 11 11 11 11 11 11 11 11</u>	
STEWART, STEPHEN 3341 GERHARDT STREET SARASOTA, FL 34237			Street /	eel Address (P.O. Box Number is Not Acceptable)					
			City		FL: Zip Code				
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5 Trust Fund Contribution.					.00 May Be ed to Fees		,		
10.	OFFICERS AND		11.		ADDITIONS/C	HANGES TO OFFI	ICERS AND DIREC		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STEWART, STEPHEN 3341 GERHARDT STREET SARASOTA, FL 34237	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Cha	ange 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		•		☐ Cha	ange 🔲 Addition	
NAME STREET ADDRESS CITY-ST-ZIP	under , und gen	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Cha	ange Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				<u> </u>	ange 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Cha	ange 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Cha	ange Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.